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|---|---|-------------------------------------|---------------------------------------|--|--|
| AMENDMENT TRANSMITTAL LETTER | | | DOCKET NUMBER: P-PM 3474 | | |
| SERIAL NO: 09/288,344 | FILING DATE: April 8, 1999 | EXAMINER: L. Crane | GROUP ART UNIT: 1623 | | |
| INVENTION: METHODS OF OPTIMIZING DRUG THERAPEUTIC EFFICACY FOR TREATMENT OF IMMUNE-MEDIATED GASTROINTESTINAL DISORDERS | | | | | |



TO THE ASSISTANT COMMISSIONER FOR PATENTS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 on February 4, 2000.

By: Deborah L. Cadena
Deborah L. Cadena, Reg.No. 44,048

February 4, 2000

Date of Signature

Transmitted herewith is a Response to Office Action mailed August 4, 1999, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☒ A copy of a previously filed Form 1449 is enclosed as an attachment to the Response to Office Action.
- ☒ A Petition for a small entity, three-month Extension of Time is enclosed.
- ☒ A Supplemental Information Disclosure Statement, Form 1449, and copies of 15 references are enclosed.
- ☐ No additional claims fee is required.
- ☒ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

| | NUMBER AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE | | | FEE | |
|--|------------------------|---|------------------------------------|---|----------------------------------|---|----------------------|--------------|---|--------------|--------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | | SMALL ENTITY | OTHER ENTITY |
| TOTAL CLAIMS | 46 | - | 34 | - | 12 | x | \$9 | \$18 | = | \$108 | \$ |
| INDEPENDENT CLAIMS | 5 | - | 4 | - | 1 | x | \$39 | \$78 | = | \$39 | \$ |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | ____YES | | ____X____NO | | \$130 | \$260 | = | \$0 | \$ |
| | | | | | | | TOTAL ADDITIONAL FEE | | | \$147 | \$ |

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

Inventors: Seidman and Théorêt
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*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

____ Please charge my Deposit Account No. 03-0370 the amount of \$____. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of **\$822.00** is enclosed, \$147.00 of which covers the additional claims fee, \$240.00 of which covers the Information Disclosure Statement filing fee, and \$435.00 of which covers the fee for a small entity, three-month extension of time.

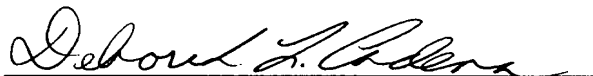
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.

☒ Any additional filing fees required under 37 C.F.R. 1.16.

☒ Any patent application processing fees under 37 C.F.R. 1.17.

☒ The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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